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**SUMMARY**

**February 23, 2007 Amendments  
105 CMR 170.000, Emergency Medical Services (EMS) System Regulations  
(Medical Control)**

***NOTE: This is a summary of the changes made in these Massachusetts Department of Public Health (Department) EMS System regulations only. Nearly all the changes made in connection with setting standards for hospitals to become licensed to provide medical control service, and the duties and standards to be met by affiliate hospital medical directors and physicians providing medical direction, are in the Department's Hospital Licensure regulations, at 105 CMR 130.000. You can find these on the Department's Division of Health Care Quality's website, at [http://www.mass.gov/Eeohhs2/docs/dph/quality/hcq\\_circular\\_letters/hospital\\_general\\_0702472\\_addendum.pdf](http://www.mass.gov/Eeohhs2/docs/dph/quality/hcq_circular_letters/hospital_general_0702472_addendum.pdf). In all cases of summaries of regulations, please read the actual regulations for definitive and specific requirements of these changes.***

**I. Affiliation Agreements (105 CMR 170.300)**

Amendments were made to this section of the EMS regulations, to correspond to the new amendments to the Hospital Licensure regulations, which established medical control service as a licensure category for hospitals. Requirements already existing for affiliation agreements that did not change with these amendments remain in place.

*Under the new amendments, affiliation agreements must now: (105 CMR 170.300(A)):*

- a. Be with a hospital licensed by the Department;
- b. The QA/QI system under the affiliation agreement must at minimum address calls in which ALS established patient contact;
- c. Include a procedure by which the service notifies the affiliate hospital medical director of Department action against any EMT's or EFR's certification (suspension, revocation or refusal to renew), or other Department disciplinary action against any EMT or EFR (letter of reprimand, letter of clinical deficiency, advisory letter) employed by the service;
- d. Disclose the identity of all hospitals with which the service has affiliation agreements – in cases in which the service has multiple affiliation agreements – and establish policies and procedures that set forth the duties and responsibilities of each affiliate hospital.

*Changes regarding number of affiliation agreements (105 CMR 170.300(B)):*

The amendments now require that a service that has bases of operation in more than one EMS region must have an affiliation agreement in each of the EMS regions in which it operates. If a service has



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more than one place of business within a single EMS region, it can have more than one affiliation agreement if the Department approves the additional agreement. However, no service that maintains a single place of business can have more than one affiliation agreement.

II. **Complaints** (105 CMR 170.795)

The amendments require the Department to investigate reports received from affiliate hospital medical directors regarding suspensions or revocations of authorization to practice, under 105 CMR 130.1503(A)(3), as well as serious incident reports received under the EMS Regulations, 105 CMR 170.350.

If you have questions, please contact Abdullah Rehayem or Silva Cameron at DPH/Office of Emergency Medical Services, at 617-753-7300 or by email, [abdullah.rehayem@state.ma.us](mailto:abdullah.rehayem@state.ma.us) or [silva.cameron@state.ma.us](mailto:silva.cameron@state.ma.us).